MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02458

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ellen Ames.

3. (b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	col	M

6 (b) Name of husband or wife: Thomas Ames
6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): June 6, 1888

8. AGE:

Years	Months	Days	If less than one day
49	8	6	____ hrs. ____ min.

9. Birthplace: Va
(Town, county, and state)

10. Usual occupation:
11. Industry or business: Housewife

FATHER
12. Name: Tom Johnson
13. Birthplace: Va

MOTHER
14. Maiden name: Nutmanon
15. Birthplace: Va

16. Informant: Thomas Ames
Address: Berlin md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 14. 1940 (month) (day) (year)
Cemetery or crematory: St Pauls
Location: Berlin md.

18. Funeral director: J. W. Burbage
Address: Berlin md.

19. 2-14- 1940 (Date rec'd by registrar) Helen L. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 12 1940, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 11 1940 to Feb 12 1940, and that I last saw her alive on Feb 11 1940.

Immediate cause of death	DURATION
Cerebral hemorrhage	24 hrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Frederick S. Tisdell M.D.
M. D. or other
Address: Berlin Md Date signed 2-14-40

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4)

CERTIFICATE OF DEATH

02459

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Rural, near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 71 yrs. 10 mo. 27 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Rural, near Pocomoke City Ward:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Libby L. Aydelotte

3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John L. Aydelotte
6(c) If alive, give age: 74 years
7. Birth date of deceased (mo., day, yr.): March 31, 1868
8. AGE: Years: 71 Months: 10 Days: 27 If less than one day: hrs. min.
9. Birthplace: Near Pocomoke City-Worcester-Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Thomas Boston
13. Birthplace: Near Pocomoke City, Md.
MOTHER 14. Maiden name: Ellen Payne
15. Birthplace: Near Pocomoke City, Md.
16. Informant: Mrs. Leslie Bunting
Address: Pocomoke City, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3 (month) 3 (day) 40 (year)
Cemetery or crematory: Presbyterian Cemetery
Location: Pocomoke City, Md.
18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.
19. March 2 1940 (Date rec'd by registrar) Anna E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 28 1940, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2-28 1940, to 2-28 1940, and that I last saw him alive on ~~did not see him alive~~ 19
Immediate cause of death: Acute Dilatation of Heart — DURATION: several years
Due to: Age, weight + Diabetes Mellitus
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: J. A. Parker M. D. or other
Address: Pocomoke City, Md. Date signed: March 2, 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02460

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town Berlin md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 85 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester

City or town Berlin Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Edwin Haines Bassett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	widower

6 (b) Name of husband or wife Hendrain E. Bassett

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 17, 1851

8. AGE: Years	Months	Days	If less than one day
88	10	16	____ hrs. ____ min.

9. Birthplace md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER — 12. Name Benjamin B. Bassett

13. Birthplace md.

MOTHER — 14. Maiden name Julia A. Barnes

15. Birthplace Md

16. Informant Claude L. Bassett

Address Berlin md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-6-40 (month) (day) (year)

Cemetery or crematory Bassett Cemetery

Location Berlin md.

18. Funeral director J. W. Burbage

Address Berlin md.

19. 2-6- 1940 (Date rec'd by registrar) Helen I. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 3 1940, at 9A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Arterial Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Chas R. Tow M. D. or other

Address Berlin Md Date signed 2-7-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11 A M

02461

Reg. Dist. No. 35/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Near Snow Hill (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME John L. Beauchamp

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Cora F Beauchamp
6(c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Feb. 26 - 1863

8. AGE:

Years	Months	Days	If less than one day
74	11	23	hrs. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER 12. Name James D. Beauchamp
13. Birthplace Maryland
MOTHER 14. Maiden name Dont Know
15. Birthplace Dont Know
16. Informant Wilson Beauchamp
Address Snow Hill RFD 1
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 22 1940 (month) (day) (year)
Cemetery or crematory Baptist
Location Snow Hill
18. Funeral director Evans & Ennis
Address Snow Hill, Md.
19. 2/21/40 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 20 1940, at 11:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936, to Feb. 20 1940, and that I last saw him alive on Feb. 18, 1940.

	DURATION
Immediate cause of death Cerebral hemorrhage	immediate
Due to Arterio-sclerosis & hypertension	three years
Due to Toxemia & age	
Other condition Chronic Constipation	10 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 2/21/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191-E)

CERTIFICATE OF DEATH

02462

Reg. Dist. No. 350

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Near Pocomoke
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 85 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
City or town Pocomoke City, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Clarence W. Bladen

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Ella Virginia Bladen
6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) February 9, 1855

8. AGE: Years	Months	Days	If less than one day
85	0	11	hrs. min.

9. Birthplace Pocomoke, Worcester, Md
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name William Bladen
13. Birthplace md
MOTHER 14. Maiden name Emma Pilchard
15. Birthplace md
16. Informant Ella Virginia Bladen
Address Pocomoke City, md
17. Burial Date thereof Feb. 22, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Goodwill
Location Near Pocomoke
18. Funeral director Margarette H. Watson
Address Pocomoke city, md.
19. Feb. 21 1940 Anna E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 20' 1940, at 7 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 16 1940, to Feb. 20 1940, and that I last saw him alive on Feb. 19' 1940

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to Chronic Interstitial Nephritis	3 yrs
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓
Where did injury occur? ✓ (City or town) ✓ (County) ✓ (State)
Injured at home, farm, industry, public place (where?)
Means of injury ✓ Injured at work? ✓

23. SIGNATURE J. M. Wilson M. D. or other
Address Pocomoke City Date signed 2/20 40

RECEIVED
MAR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

02463

Reg. Dist. No. 355

1. PLACE OF DEATH:
County Worcester
City or town Berlin md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 60 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Worcester
City or town Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Harry E. Brittingham

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	wt	single

6 (b) Name of husband or wife —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 6, 1880

8. AGE: Years	Months	Days	If less than one day
59	11	8	— hrs. — min.

9. Birthplace md (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business —
FATHER 12. Name Henry Brittingham
13. Birthplace md.
MOTHER 14. Maiden name Lindy Purnell
15. Birthplace md.
16. Informant Charles Purnell
Address Berlin md
17. Burial Date thereof Feb. 16, 1940 (month) (day) (year)
(Burial, cremation, or removal. Which?)
Cemetery or crematory St Pauls
Location Berlin md
18. Funeral director J. W. Burbage
Address Berlin md.
19. 2-16- 1940 Helen I. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 2 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19,
and that I last saw him alive on Feb 13 1940.

Immediate cause of death Chronic Myocarditis — DURATION
Due to —
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Chas. R. Lowe. M. D. or other
Address Berlin Md Date signed Feb 15 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95-C)

CERTIFICATE OF DEATH

02464

Reg. Dist. No. 350

1. PLACE OF DEATH:
County: Worcester
City or town: Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural, Near Pocomoke
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Rural, near Pocomoke
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Emma Christopher

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widowed

6 (b) Name of husband or wife: Albert Christopher
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May, 1886

8. AGE: Years	Months	Days	If less than one day
54	8	---	hrs. min.

9. Birthplace: Sanford, Accomac Co., Va. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Sarah Lizzie Britton
15. Birthplace: Sanford, Accomac Co., Va.

16. Informant: Mary Tull
Address: Pocomoke City, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-12-40 (month) (day) (year)
Cemetery or crematory: Friendship Cemetery
Location: Wattsville, Va.

18. Funeral director: John A. Bradshaw
Address: Pocomoke City, Md.

19. Feb. 12 1940 (Date rec'd by registrar) Anna E. Phelps Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 9 1940, at 3.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---.

Immediate cause of death	DURATION
Heart failure	unknown
Variety pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John L. Riley Dep. Med Ex M. D. or other
Address: Snow Hill, Md. Date signed: 7/9/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

(106-E)

02465

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:
County Worcester
City or town Rural Near Pocomoke City
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 73 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Worcester
~~City or~~ town Near Rural Pocomoke City ~~Ward No.~~
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mary E. Coston

3. (b) Social Security Number

4. Sex Female
5. Color or race colored
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Ephren Coston
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Unknown
8. AGE: Years 73 Months — Days — If less than one day — hrs. — min.
9. Birthplace Near Pocomoke, Worcester Md.
(Town, county, and state)
10. Usual occupation
11. Industry or business — housewife
FATHER 12. Name Nad.
13. Birthplace Md.
MOTHER 14. Maiden name Sallie Johnson
15. Birthplace Md.
16. Informant James Gillett
Address R.F.D. Pocomoke City Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 19 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Coston Cemetery
Location Near Pocomoke City Md.
16. Funeral director Margarette H. Watson
Address Pocomoke City, Md.
19. Feb. 20 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 17th 1940, at 8 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 1939, to Feb 13 1940
and that I last saw her alive on Feb 13th 1940
Immediate cause of death Chronic Bronchitis — DURATION 7 Mo
Due to
Due to Successive attacks of G. Bronchitis
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. E. Sartorius M. D. or other
Address Pocomoke City Md Date signed 2/19/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02466

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Berlin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Wilbur St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 34 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: ✓ County: ✓
City or town: ✓ Ward No. ✓
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Samuel Porter Croppar Jr.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife: Sarah Martha Croppar
Croppar
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Aug 7, 1865

8. AGE:

Years	Months	Days	If less than one day
74	6	13	____ hrs. ____ min.

9. Birthplace: Newark, Md. (Town, county, and state)
10. Usual occupation: Miller (Lumber)
11. Industry or business: Lumber
FATHER 12. Name: Samuel Porter Croppar Sr.
13. Birthplace: Md.
MOTHER 14. Maiden name: Littie Ayres
15. Birthplace: Md
16. Informant: Mrs. Sarah Croppar.
Address: Berlin, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 23-40 (month) (day) (year)
Cemetery or crematory: Newark.
Location: Newark, Md.
18. Funeral director: M. Cooley Watson
Address: Salisbury, Md.
19. 2-22 1940 (Date rec'd by registrar) Helen T. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 20 1940 at 9:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 12 1940 to Feb 20 1940
and that I last saw him alive on Feb 20 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Clifford E. Schott M. D. or other
Address: Newark Md Date signed:

RECEIVED
MAR 4 1940
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02467

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (4)

County Worcester Registration Dist. No. 355

Village or City Parkerstown, md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia Gainor If U.S. Veteran specify WAR.

(a) Residence: No. 6yrs St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enoch Gainor

6. DATE OF BIRTH (month, day, and year) Dec 17-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 64	2	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Del (State or country)

FATHER

13. NAME W. H. Porter

14. BIRTHPLACE (city or town) md (State or country)

MOTHER

15. MAIDEN NAME Sally Comegy

16. BIRTHPLACE (city or town) md (State or country)

17. INFORMANT Enoch Gainor (Address) Parkertown, md

18. BURIAL, CREMATION, OR REMOVAL Wilm. Del

Place Grace Laun Date 2-17, 1940

19. UNDERTAKER Albert J. McCreery (Address) Wilmington, Delaware

20. FILED 2-17, 1940 Helen F. Hayward Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb (Month) 17 (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw her alive on Feb 16, 1940; death is said to have occurred on the date stated above, at 630A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. Lowe M. D.

(Address) Berlin md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

02468

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester

City or town St. Martins

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 88 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester

City or town St. Martins Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sallie M. Hall

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1851

8. AGE: Years 88 | Months 2 | Days 11 | If less than one day ___ hrs. ___ min.

9. Birthplace md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John C. Hall

13. Birthplace md.

MOTHER 14. Maiden name Mary C. Hassett

15. Birthplace md.

16. Informant John Gillis

Address St Martins

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-6-40 (month) (day) (year)

Cemetery or crematory Hassetts

Location St Martins

18. Funeral director J. W. Burbage

Address Berlin md.

19. 2-6-40 (Date rec'd by registrar) 19 Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 3rd 1940, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1939, to Feb 3 1940, and that I last saw her alive on Feb 2nd 1940.

Immediate cause of death: Myocarditis; Chronic. Duration: ten years C.W.G.R. — DURATION: 6 mos

Due to Generalized Arteriosclerosis — 20 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frederick S. Nicoll, M.D. M. D. or other

Address Berlin, Md Date signed 2-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (11)

CERTIFICATE OF DEATH

02469

Reg. Diat. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Near Snow Hill (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all his life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Worcester
City or town Near Snow Hill (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Charley H. Hammon

3. (b) Social Security Number 217-09-3902

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Susie Hammon
6(c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) June 4 1890

8. AGE: Years 49 | Months 8 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Mill Sawyer
11. Industry or business Saw Mill
FATHER 12. Name Chas E Hammon
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden name Minnie Mills
MOTHER 15. Birthplace Maryland
16. Informant Susie Hammon
Address Snow Hill Rural Rt 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 26-40 (month) (day) (year)
Cemetery or crematory Harmon Cemetery
Location Seaborough District
18. Funeral director Hearne & Dennis
Address Snow Hill

19. 2/24 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 23 19 40, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death Desletis Mellitus — DURATION 2 yrs.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Ex M. D. or other
Address Snow Hill Md Date signed 2/25/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

02470

Reg. Diat. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 92 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Front

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William T. C. Hargis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widowed

6 (b) Name of husband or wife Lida C. Hargis

6(c) ~~If alive, give age~~ years

7. Birth date of deceased (mo., day, yr.) August 15, 1847

8. AGE:

Years	Months	Days	If less than one day
92	5	29	hrs. min.

9. Birthplace Near Pocomoke, Worcester, Md (Town, county, and state)

10. Usual occupation Retired Mail Carrier

11. Industry or business

FATHER 12. Name William T. Hargis

13. Birthplace Md

MOTHER 14. Maiden name Sarah Corton

15. Birthplace Md

16. Informant S. A. Evans

Address Pocomoke city, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 17, 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Pocomoke city, Md.

18. Funeral director Margarette N. Watson

Address Pocomoke city, Md

19. Feb. 16 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 14 1940, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 28 1940, to Feb 14 1940

and that I last saw him alive on Feb 14 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	4 years
Due to Acute Bronchitis since 1-28-40	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Parker Md M. D. or other

Address Pocomoke City Md Date signed 2-16-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94B)

02471

CERTIFICATE OF DEATH

Reg. Dist. No. 350

1. PLACE OF DEATH:

County Worcester

City or town Pocomoke City, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Walnut, 507
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Mitchell C. Hickman

3. (b) Social Security Number ✓

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Manie E. Hickman

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1886

8. AGE: Years 63 Months 5 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Wachprague, Va Accomac
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name William H. Hickman
13. Birthplace Va

MOTHER
14. Maiden name Mary Nelson
15. Birthplace Va

16. Informant Mrs. Manie E. Hickman

Address Pocomoke City, Md

17. Burial Date thereof Feb. 9, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ Methodist M. P

Location Pocomoke City, Md

19. Funeral director Margaretta H. Watson

Address Pocomoke City, Md

19. Feb. 8 1940 Anne E. White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 7 1940 to Feb. 7 1940, and that I last saw him alive on Feb. 7 1940.

Immediate cause of death Sudden Collapse

Due to Acute Angina Pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION 1 hour

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. Wilson M. D. or other

Address Pocomoke City Date signed 7.7.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02472

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 yr. 2 mos 13 Dys

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR 70

3. (a) FULL NAME Earl Norwood Holland

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13 - 1938

8. AGE:

Years	Months	Days	If less than one day
1	2	13	hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Dennis Holland
13. Birthplace Maryland

MOTHER
14. Maiden name Angie Gillett
15. Birthplace Maryland

16. Informant Dennis Holland
Address Snow Hill Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Feb. 29 - 40
(month) (day) (year)

Cemetery or crematory St James
Location Snow Hill Md

19. Funeral director Hearne & Dennis
Address Snow Hill Md

19. 2/27/40 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 26 1940, at 5:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 13, 1940, to Feb. 26, 1940, and that I last saw him alive on Feb. 18, 1940.

Immediate cause of death	DURATION
Broncho-pneumonia	
Due to Acute Bronchitis	2 weeks
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 2/26/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-A)

02473

CERTIFICATE OF DEATH

Reg. Dist. No. 355

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Worcester
City or town: Bishop md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 7 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: md County: Worcester
City or town: Bishop Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Leon Hall

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	col	—

B (b) Name of husband or wife: —
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 14, 1934

8. AGE:

Years	Months	Days	If less than one day
6		10	hrs. min.

9. Birthplace: md (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Thomas Hall
13. Birthplace: md

MOTHER
14. Maiden name: Hester Whaley
15. Birthplace: md.

16. Informant: Thomas Hall
Address: Bishop md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 4 1940 (month) (day) (year)
Cemetery or crematory: Bishop md.
Location: Bishop md.

18. Funeral director: J. W. Bunting
Address: Berlin md.

19. 2-3-1940 (Date rec'd by registrar) Helen F. Hayward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 3 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1940 to Jan 3 1940, and that I last saw him alive on Jan 3 1940.

Immediate cause of death	DURATION
Meningitis	
Due to Hydrocephaly	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: S M Berger M. D
M. D. or other
Address: Selbyville Del Date signed 2/2/40

CEIVED
MAR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

02474

Reg. Dist. No. 351

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Worcester

City or town: Snow Hill Rural #2
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Near Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Eliza Hunt

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	widowed

6 (b) Name of husband or wife: John Hunt

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): About 90

8. AGE:

Years	Months	Days	If less than one day
90	-	-	hrs. min.

9. Birthplace: Snow Hill Worcester Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Daniel Bikes
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Dawson
15. Birthplace: Maryland

16. Informant: Sidney Hunt
Address: Snow Hill Md Rural #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 21 - 1940
(month) (day) (year)

Cemetery or crematory: Friendship near Snow Hill

Location: Snow Hill Md Rural #2

18. Funeral director: Pleasants & Dennis

Address: Snow Hill Md

19. 2/19/ 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 18 1940, at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Feb 18 1940, and that I last saw her alive on Feb 15 1940.

	DURATION
Immediate cause of death: Probably Bronchio-pneumonia as she had a severe cold	2 days.
Due to: when I saw her.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John L. Riley M.D.
M. D. or other

Address: Snow Hill Md Date signed: 2/19/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200-01)

CERTIFICATE OF DEATH

02475

Reg. Dist. No. 350

1. PLACE OF DEATH:

County: Worcester

City or town: Pocomoke City, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fifth St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 2 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Pocomoke City Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Fifth St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Richard Jackson

3. (b) Social Security Number: -----

4. Sex: Male

5. Color or race: Col.

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jane Jackson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Unknown about 1881

8. AGE: Years: About 59; Months: apparently much older; Days: ____; If less than one day: ____ hrs. ____ min.

9. Birthplace: Lawrenceville, Va.
(Town, county, and state)

10. Usual occupation: Farm Labor

11. Industry or business:

FATHER
12. Name: Robert Jackson
13. Birthplace: Lawrenceville, Va.

MOTHER
14. Maiden name: Agnes ---- unknown
15. Birthplace: Lawrenceville, Va.

18. Informant: Mrs. Agnes Neal

Address: 1875 Dean St., Brooklyn, N. Y.

Burial (Burial, cremation, or removal. Which?) Date thereof: 2 (month) 9 (day) 40 (year)

Cemetery or crematory: Halls Hill Cemetery

Location: Pocomoke City, Md

18. Funeral director: John A. Bradshaw

Address: Pocomoke City, Md.

19. Feb 9th 1940 (Date rec'd by registrar) Anne E. White Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 4 1940, at 10 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 3 1940, to ____ 19__, and that I last saw h____ alive on ____ 19__.

Immediate cause of death: I saw this man on the night of the 3rd & he had then been unconscious over 24 hrs. He never regained consciousness and I was unable to get any information to enable me to make a diagnosis. He was apparently a very old man and I am confident he died of natural causes. The definite cause of death I am unable to give.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings: No further information

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: [Over]

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A A Parker MD
M. D. or other

Address: Pocomoke City - Md Date signed: Feb 7, '40

VS A15 (T) (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

[Death was due to "natural causes," whatever they were. No history obtainable. Patient was unconscious, when physician first saw him, dying a few hours after used.]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (89-a)

CERTIFICATE OF DEATH

02476

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Snow Hill Rural #1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Worcester

City or town Snow Hill Rural #1 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Emily Jane Johnson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Thomas H. Johnson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4 - 1856

8. AGE:

Years	Months	Days	If less than one day
83	2	29	hrs. min.

9. Birthplace Girdletree Worcester Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER

12. Name Thomas Conoway

13. Birthplace Maryland

MOTHER

14. Maiden name Sarah Ward

15. Birthplace Maryland

18. Informant Mrs Bertha V. Pettitt

Address Snow Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 6-40 (month) (day) (year)

Cemetery or crematory M. E. Cemetery

Location Girdletree

18. Funeral director Hearne & Dennis

Address Snow Hill Md

19. Sept 6 1940 (Date rec'd by registrar) LeRoy Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 4 1940, at 3a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death	DURATION
Hemiplegia	3 mos.
due to cerebral hemorrhage	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John L. Riley Dep Med Exr M. D. or other

Address Snow Hill Md Date signed 9/4/40

RECEIVED
MAR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02477

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester

City or town Stockton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Justice

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W.	S

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 4 40

8. AGE: Years | Months | Days | If less than one day: hrs. min.

Years: | Months: | Days: | If less than one day: none hrs. min.

9. Birthplace Stockton Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Elijah H. Justice

13. Birthplace Md

MOTHER 14. Maiden name Josephine Hearn Justice

15. Birthplace Md.

16. Informant Mrs. Lamb

Address Stockton Md

17. Burial, cremation or removal, Which? Presbyterian Cemetery Date thereof Feb. 5 1940 (month) (day) (year)

Cemetery or crematory Presbyterian Cemetery

Location Stockton Md

18. Funeral director H. A. Sheldon

Address New Church Va

19. Feb. 5 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 2-4 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at least 19 to 19,

and that I last saw h alive on 19.

Immediate cause of death Cardiac Failure

Due to Cancer of Stomach

Due to

Other conditions

Major findings:

Of operations

Of autopsy none

DURATION

(Include pregnancy within 3 months of death)

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. E. Gichner M. D. or other

Address Princess Anne Md Date signed 2-5-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-L)

CERTIFICATE OF DEATH

02478

Reg. Dist. No. 3-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester Co

City or town Stockton Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Thomas Lillister.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Kate Payne Lillister

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Accomac C. H. Va

8. AGE:

Years	Months	Days	If less than one day
67	7	29	hrs. min.

9. Birthplace Accomac Co Va (Town, county, and state)

10. Usual occupation farmer, boss self

11. Industry or business

FATHER

12. Name Edward Lillister

13. Birthplace Accomac Co Va

MOTHER

14. Maiden name Nancy Wessells

15. Birthplace Accomac Co Va

16. Informant Edward Lillister

Address Stockton Md

17. (Burial, cremation, or removal. Which?) Date thereof Feb 21, 1940 (month) (day) (year)

Cemetery or crematory Pocomoke Cem

Location Stockton Md

18. Funeral director H. R. Shields

Address New Church Va

19. Feb. 20 1940 (Date rec'd by registrar) Orsen M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19, 1940, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 18, 1940, to Feb. 18, 1940, and that I last saw him alive on Feb. 19, 1940.

	DURATION
Immediate cause of death	
Due to Operated on in Peninsula Hospital	
Due to for Ca Tumor of the	
Other conditions Ship; coagulant. Cystic Duration; 5 or 6 months	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? No

23. SIGNATURE John D. Dickerson, M. D. M. D. or other

Address Stockton Md Date signed 2/19/40

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

02479

CERTIFICATE OF DEATH

Reg. Dist. No. 354

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Worcester

City or town Girdletree Rural # 1

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Worcester

City or town Girdletree Rural # Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR 70

3. (a) FULL NAME Harvey W. Pilchard

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife: Annie L. Pilchard

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.): Dec. 23 - 1878

8. AGE: Years 61 | Months 1 | Days 17 | If less than one day: hrs. min.

9. Birthplace: Pocomoke City, Worcester Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Own Farm

FATHER 12. Name: Joseph W. Pilchard

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden name: Susan Jane Haycock

MOTHER 15. Birthplace: Maryland

16. Informant: Mrs. Robert E. Pattison

Address: 3 Cedar Road Wilmington Del.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 14-40 (month) (day) (year)

Cemetery or crematory: Baptist Cem.

Location: Girdletree

18. Funeral director: Keane & Young

Address: Snow Hill Md.

19. Feb 13 1940 (Date rec'd by registrar) Mary M. Taylor Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 11 1940, at 8 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19---, and that I last saw h--- alive on ---- 19---

Immediate cause of death: Gun Shot wound of abdomen, lacerated stomach & internal hemorrhage — DURATION —

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of Feb 11 '40

Where did injury occur? Stockton (City or town) Worcester (County) Md. (State)

Injured at home, farm, industry, public place (where?) Home on farm.

Means of injury Shot Injured at work? No

23. SIGNATURE John L. Riley Dep. Med Exr. M. D. or other

Address Snow Hill Md. Date signed 2/13/40

RECEIVED
MAR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02480

Reg. Dist. No. 251

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Worcester
City or town Snow Hill
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 57 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Worcester
City or town Snow Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mary Harmon Rogers

3. (b) Social Security Number SS# 219-05-3911

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Teagle Rogers
6(c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) March 22 1880

8. AGE:

Years	Months	Days	If less than one day
59	10	17	hrs. min.

9. Birthplace Snow Hill Worcester Md
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER 12. Name Unknown
13. Birthplace
MOTHER 14. Maiden name Unknown
15. Birthplace
16. Informant John Purnell
Address Snow Hill Md
17. Burial Date thereof Feb 11 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Baptist Cem.
Location Snow Hill Md
18. Funeral director Hearne & Dennis
Address Snow Hill Md
19. 2/10/ 1940 LeRoy Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 9 1940 at 4:45 P. M.
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from February 6 1940 to Feb. 9 1940, and that I last saw h alive on Feb. 9 1940

Immediate cause of death	DURATION
Mitral regurgitation	Do not know
Due to Arterio-Sclerosis	" " "
Due to Nephritis	" " "
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE N. Sherwood Ferris M.D.
M. D. or other
Address Snow Hill, Md. Date signed 2/10/40

MAR 5 1940
BUREAU V. S.